Effective on 12/08/2004.				Complete 17 Known				
Fees pursuant	to the Consolidate	ed Appropriations Act.	. 2005 (H.R. 4818).	Application	Number	10/665,176	5	
TOTAL OF A NICHARTON AT				Filing Date		September 19, 2003		
FEE TRANSMITTAL For FY 2005			First Named Inventor		Michael J. Sullivan			
			Examiner Name		Raeann Gorden			
			Art Unit		3711			
TOTAL AMOUNT OF PAY		YMENT (S	5) 910.00	Attorney Do	ttorney Docket No.		B03-40	
METHOD	OF PAYMEN	TY				· · · · · · · · · · · · · · · · · · ·		
Deposit Account Number: 502309 Deposit Account Name: Acushnet Company								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17								
		Ind 1.17	· · · · · · · · · · · · · · · · · · ·		·			
FEE CALC		<u> </u>						
		RCH, AND EXA					,	
Application Type		Filing Fee (\$)	Search Fee (S)		Examination Fee (\$)		Fees Paid (\$)	
☐ Utili	ty	300 500		0	200			
☐ Desi	n 200 10		0 130					
Reissue		300	50	500		600		
Provisional		200	0		0			
2. EXCESS	CLAIM FEE	ES						
Fee Description							Fee (\$)	
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent							50	
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200							200	
Total Claims		Paid TC	Extra Claims		Fee (\$)	_	Fee Paid (\$)	
		- =	x		50 =		0	
Paid TC = the greater of 20 or highest number of total claims paid for								
Independent Claims		Paid IC	Extra Clair	ms	Fee (\$)		Fee Paid (\$)	
		_ =	0	×	200 =		0	
Paid IC = the	greater of 3 or high	hest number of indepe	ndent claims paid for			 -		
Paid IC = the greater of 3 or highest number of independent claims paid for 3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 for each additional								
50 sheets	or fraction the	reof. See 35 U.S.	C. 41(a)(1)(G) a	nd 37 CFR 1.1	6(s).			
Total She	ets	Extra Sheets	(roun	d up to integer	r) Fee	<u>: (\$)</u>	Fee Paid (\$)	
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4. OTHER	FEES	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		_ ^ _ 		Fee Paid (\$)	
Extension for response within first month \$120							120	
Other: Request For Continued Examination \$790							790	
/90								
SUBMITTED BY /								
CODMITTE	7/11	mak hour			·	 		
Signature BY: William B. Lacy (48,619)			Registration N	lo.: 36,200	Telephon	e (508) 979 - 3534		
Name	FOR: Troy I	R. Lester Troy	R. Jesten	Date: May 3, 2005				

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Response to Final Office Action of January 3, 2005

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11

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-5 2005 -1 V C L)

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